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Customer # 24498

PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU040012
First Named Inventor	Edward Marion Casaccia, et al.
COMPLETE IF KNOWN	
Application Number	1
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TELEVISION PRODUCTION TECHNIQUE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

1-20-2005

as United States Application Number or PCT International

Application Number

PCT/US05/02425

and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/537,875	January 20, 2004	

[Page 1 of 3]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name JOSEPH S. TRIPOLI			
Address Thomson Licensing Inc.			
Address PO Box 5312			
City PRINCETON		State NJ	ZIP 08543-5312
Country USA	Telephone (609-734-6834		Fax (609) 734-6888

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name EDWARD MARION		Family Name or Surname CASACCIA	
Inventor's Signature <i>Edward Marion Casaccia</i>		Date 6/21/06	
Residence: City CARMICHAEL	State CALIFORNIA	Country USA	Citizenship USA

Mailing Address

Mailing Address 4752 Wilmer Street			
City Carmichael	State California	ZIP 95608	Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name DAVID ALAN		Family Name or Surname CASPER	
Inventor's Signature		Date	
Residence: City NEVADA CITY	State CA	Country USA	Citizenship USA

Mailing Address

Mailing Address 12995 Pinewoods Road			
City Nevada City	State California	ZIP 95959	Country USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	PU040012	
	First Named Inventor	Edward Marion Casaccia, et al.	
	COMPLETE IF KNOWN		
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Application Number PCT/US05/02425 and was amended on (MM/DD/YYYY) (if applicable).

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Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR		<input checked="" type="checkbox"/> Correspondence address below	
Name		JOSEPH S. TRIPOLI					
Address		Thomson Licensing Inc.					
Address		PO Box 5312					
City		State		ZIP			
PRINCETON		NJ		08543-5312			
Country		Telephone			Fax		
USA		(609-734-6834)			(609) 734 -6888		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		EDWARD MARION			Family Name or Surname		
					CASACCIA		
Inventor's Signature					Date		
					/		
Residence: City		State		Country		Citizenship	
CARMICHAEL		CALIFORNIA		USA		USA	
Mailing Address							
Mailing Address 4752 Wilmer Street							
City		State		ZIP		Country	
Carmichael		California		95608		USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		DAVID ALAN			Family Name or Surname		
					CASPER		
Inventor's Signature		<i>David Alan Casper</i>			Date		
					+ 2010/05 2006		
Residence: City		State		Country		Citizenship	
NEVADA CITY		CA		USA		USA	
Mailing Address							
Mailing Address 12995 Pinewoods Road							
City		State		ZIP		Country	
Nevada City		California		95959		USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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Given Name		Family Name		CASACCIA	
EDWARD MARION		or Surname			
Inventor's Signature				Date	
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Given Name		Family Name		CASPER	
DAVID ALAN		or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
NEVADA CITY		CA		USA	
Citizenship		USA			
Mailing Address					
Mailing Address 12995 Pinewoods Road					
City		State		ZIP	
Nevada City		California		95959	
Country		USA			
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

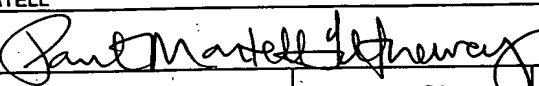
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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PAUL MARTELL		TRETHERWEY	
Inventor's Signature 		Date 14 April 2005	
Residence: City	NEVADA CITY	State	CA
		Country	USA
Mailing Address			
Mailing Address 14140 Gochine Drive			
City	Nevada City	State	California
		ZIP	95959
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
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Mailing Address			
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